

This paper explores the interface between ritual practice, symbolism and human sexuality. This is reviewed in respect of the Female Genital Cutting (FGC). Upheld in conservative cultures, FGC is an important 'rite of passage' symbolizing transition from girlhood to womanhood. The practice is the subject of an intense debate and the object of an eradication campaign, particularly in Sub-Saharan Africa. FGC is castigated for allegedly being responsible for the continued societal relegation of women in matters pertaining to sexuality. The practice however continues in spite of, or perhaps because of, the energised attempt at eradication. This begs the question as to what underpins its continued, albeit muted perpetuation. While pursuing a plausible explanation, this paper argues that by disregarding socio-cultural dictates, well-intentioned anti-FGC approaches, particularly those that rely on deconstructive discourse, may discard the very premises that allowed women to negotiate a niche in which they were in control of their sexuality. We are, of course, not blind to the immense possibilities that such initiatives present in respect of elevating women to more a favourable position in contemporary dispensation. However, the imperativeness of the socio-cultural-symbolic nexus and its utility in relational intercession cannot be underrated. In this paper, we revisit the FGC debate by considering the ritual's symbolic import with respect to women's self-definition and its influences on gender and sexual relations. The subject will be explored with reference to the Maasai community of East Africa.

### T03-O-07

#### Gender stereotypes in sexology and sexual dysfunction research

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Major changes have occurred in male and female dysfunction research. Male erectile dysfunction has been re-conceptualized as an organic dysfunction, which marks a dramatic shift from previous conceptions of psychogenic impotence developed during the 60's and the 70s. The release of sildenafil in 1998 was the corner stone of a new paradigm of treatments focusing on male penile activity, far remote from any psychological approaches. More recently, medical sexologists started to reconsider Female Sexual Dysfunction using the same organic biological model of sexual function.

New pharmaceutical products are currently under trial for the treatment of this new category of female sexual disorder. But as opposed to the absence of public adverse reaction to the development of this approach of male function, many voices raised to oppose this new conception of female function. A major discussion took place in the British Medical Journal (2003) stating that female sexual function was not organically driven, but rather determined by the social, psychological and interpersonal context of female sexual activity and relations. One of the major dimension of this discussion opposed the so-called simplicity of male sexual function to the complexity of female sexual function.

The presentation, which takes place in the field of scientific history will present evidence of the permanence of traditional social scripting of male and female sexuality and their influence in the most advanced scientific research in this field. Does sexology science also consider that men come from Mars and women from Venus?

### T03-O-08

#### Social stigma, homosexuality and transsexuality in Iran

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In Iran, gay male sex carries the death penalty, but hundreds of people are having their sex changed legally, bolstered by the blessings of members of the ruling Shiite clergy. Iranians with the inclination, means and connections could obtain the necessary medical treatment and new identity documents. To obtain legal permission for sex-change operations and new birth certificates, applicants must provide medical proof of gender-identity disorder. There are now several clinics staffed by psychiatrists and clinical psychologists who are authorized to provide a clinical assessment of the patients requesting a sex change operation. The objective of this study was to examine the main sources and characteristics of social stigma in this population; to examine the difference in perceived social stigma between homosexuals, transsexuals, and to examine the associations among stigma, mental health and HIV risk behaviors.

The sample included 70 homosexuals and transsexuals selected through snowball sampling with Initial recruits selected from a sexual disorder clinic. To our knowledge this is the first study of its kind among this population. The self-administered interviews included measures of health status and demographics, history of hormone use and sex reassignment surgery, LGBT stigma, perceived discrimination, visibility, and acceptability, religiosity, coping mechanism, and social support, Internalized homophobia, HIV risk-taking behaviors and mental health: SCL-90 and self-esteem.

Preliminary analysis demonstrates a significant level of homophobia and systematic and institutionalized discrimination against LGBT populations in Iran. We are currently analyzing the relationship among perceived social stigma, mental health and HIV risk behaviors.

### T03-O-09

#### Tantra and sex therapy

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Basic principles of tantra for sex therapists;  
Energy body as important as physical body.